

**Service Implementation - Do Once and Share**

**GLAUCOMA Action Team**

**Scoping Document**

**Final Version V2.0**

## 1. BACKGROUND

Glaucoma as defined for this DOAS project refers to primary open angle glaucoma (POAG), normal tension glaucoma (NTG) and includes ocular hypertension (OHT), a strong risk factor for developing glaucoma. Glaucoma is a chronic disease and necessitates life-long follow-up. Left untreated the natural history of the disease is for progressive visual field loss, leading to irreversible blindness. As such glaucoma causes significant visual disability accounting for at least 13% of blind registrations and 11% of partial sight registrations. It is estimated that 1-2% of people of 40 years of age and over are likely to have glaucoma, and this rises to about 7% in persons over 75 years of age.

Glaucoma management has been evolving rapidly in recent years and several models exist emphasising co-management between professional groups, and between primary and secondary care. Currently opportunistic case detection by optometrists in primary care is the single most frequent route of referral to the Hospital Eye Service, but there is no single test to reliably detect those with and those without glaucoma. Emerging evidence from clinical trials indicates that reduction in intra-ocular pressure (IOP) can significantly delay disease progression.

Whilst there are guidelines for the management of glaucoma (Royal College of Ophthalmologists 2004), variations in practice exist regarding models of care, service delivery and organisation, and as yet there is no established consensus on an overall care pathway for glaucoma spanning from primary to secondary care. Subsequently there is no apparent agreement on a core dataset and related information flows for glaucoma management. Several recent national initiatives have explored how eye care health services may be delivered in a more accessible and efficient manner – and inevitably this has included glaucoma:

- *National Eye Care Services Steering Group Report – 2004*. This recommended development of integrated care pathways across primary, secondary and social care whilst making best use of clinical skill-mix and expertise
- *Modernisation Agency: “Action on Ophthalmology” - 2003*  
“Action on Eye Care Services” – taking forward the recommendations from the National Eye Care Services Steering Group through a series of pilot projects that are due to report shortly.
- *National Screening Committee – Glaucoma Working Group* – this is re-convening shortly to consider recent developments in the detection and management of glaucoma that may inform the need (or otherwise) for a national screening programme.

The collective findings, conclusions and recommendations from these national initiatives will clearly inform and contribute to this DOAS project. In addition examples of best practice across the country will also be sought, and the evidence under-pinning recommendations for a proposed pathway will be sought and provided through the Eyes and Vision Specialist Library of National Library for Health (NLH).

This is an important opportunity for clinicians to engage in, and inform the Connecting for Health Programme, and in order to succeed both in the short term and long term, and obtain sustained stakeholder ownership, it will be essential to get professional body support.

The project team will be based at Moorfields Eye Hospital NHS Foundation Trust and overseen by North East London Strategic Health Authority.

<p><b>2. PROJECT OBJECTIVES</b></p>
<ul style="list-style-type: none"> <li>• Define and develop a national clinical glaucoma care pathway template that has been approved by relevant professional bodies</li> <li>• Define a core dataset for glaucoma supporting the national glaucoma care pathway template</li> <li>• Review current output specifications from Connecting for Health</li> </ul>
<p><b>3. SCOPE</b></p>
<p><b>3.1. Within scope</b></p>
<ul style="list-style-type: none"> <li>• Glaucoma as defined for this project includes: POAG, OHT, NTG</li> <li>• Engagement of relevant stakeholders and professional bodies establishing national community of practice</li> <li>• Identify current best practice models</li> <li>• Identify the evidence base for the pathway</li> <li>• Identify datasets to support the care pathway</li> <li>• Identify any training implications within the care pathway identified</li> <li>• Identify future developments – “horizon scanning” – that are likely to influence clinical care and service delivery in the short, medium and long-term</li> <li>• Prioritise future developments for further assessment</li> <li>• Obtain consensus on a generic care pathway template for glaucoma across primary and secondary care, and its related dataset and information flows.</li> <li>• Review current output specifications from Connecting for Health</li> <li>• Identify any safety issues to be fed into the Common Interface Project</li> <li>• Patient engagement</li> </ul>
<p><b>3.2. Out of scope</b></p>
<ul style="list-style-type: none"> <li>• The following types of glaucoma : Angle Closure Glaucoma, Secondary Glaucoma, Paediatric Glaucoma</li> <li>• Screening – as this has yet to be addressed by the National Screening Committee</li> <li>• Aspects of the pathway that include social care and comprehensive engagement with social care and related services</li> <li>• Widespread clinical consultation of proposed pathway and dataset</li> <li>• Rigorous piloting and testing of the pathway and datasets</li> <li>• Training issues in the implementation and use of the pathway</li> <li>• Access of optometrists to NHS network</li> <li>• Availability and standardisation of clinical equipment for pathway</li> <li>• Consideration of remuneration and costs arising from implementation of pathway</li> <li>• Liaison with suppliers</li> </ul>
<p><b>4. CONSTRAINTS, RISKS, RISK MITIGATIONS, AND CONTINGENCY PLANS</b></p>
<p><b>4.1. Constraints</b></p>
<p>The main constraints are :</p> <ol style="list-style-type: none"> <li>1. <i>Time</i> - the time allocated for the project itself; and that for the major stakeholders to provide input, feedback and approval of pathway within the time allocated.</li> <li>2. <i>People</i> - availability of people with acknowledged experience and expertise to provide input into the project within the time allocated</li> </ol>

<p><b>4.2. Risks</b></p> <p>The project will be severely compromised if the constraints cannot be managed, and in particular failure to engage major stakeholders, particularly professional bodies, for their ultimate approval of the pathway template.</p>
<p><b>4.3 Mitigations of risks</b></p> <ul style="list-style-type: none"> <li>• Existing links with stakeholder community for eye health care through the Eyes and Vision Specialist Library, NLH.</li> <li>• Work identifying the evidence base underpinning the pathway is already underway.</li> <li>• National initiatives are due to report shortly and will inform the process for achieving consensus.</li> </ul>
<p><b>4.4 Contingency plans</b></p> <p>Clear project planning and management with identified milestones.</p>
<p><b>5. INTERFACES</b></p>
<p><b>5.1. Stakeholders</b></p> <p>Royal College of Ophthalmologists          College of Optometrists          Association of Optometrists          Royal College of Nurses – Ophthalmic Nurses Forum          Royal College of General Practitioners</p> <p>Ophthalmologists with Glaucoma as Special Interest          Optometrists in practice          Glaucoma Nurse Practitioners          Patient Representatives          International Glaucoma Association          Royal National Institute for the Blind</p> <p>Eyes and Vision Specialist Library          DOAS Programme Management Team          North East London Strategic Health Authority</p>
<p><b>5.2. Do Once and Share programme team</b></p> <p>The Clinical Lead, - Parul Desai, and the Project Manager, Giash Ahmed will report to the DOS programme manager who in turn reports to Sir Muir Gray.</p>
<p><b>6. DELIVERABLES</b></p> <ul style="list-style-type: none"> <li>• National glaucoma care pathway template</li> <li>• National core dataset for the glaucoma pathway</li> <li>• Provide pathway specifications for the Common User Interface and feedback to NPfIT on safety specifications where applicable</li> <li>• Indicate future developments in clinical practice where applicable.</li> </ul>

<p><b>7. PROPOSED BENEFITS</b></p>
<ul style="list-style-type: none"> <li>• National consistency in the pathway of care for glaucoma that is based on best current guidance, and which is robust and transferable such that localisation within health communities may be feasible.</li> <li>• Making the production of data the by-product of clinical care rather than an activity in its own right</li> <li>• Promotion of clinical standards by providing a common core dataset of clinically meaningful information</li> <li>• Reduce variations in standards of care (where these exist) between different areas of England.</li> </ul>
<p><b>8. TIMESCALE</b></p>
<p><b>8.1. Proposed start date</b></p>
<p>14 November 2005</p>
<p><b>8.2. Proposed end date</b></p>
<p>14 May 2006</p>
<p><b>8.3. Other proposed dates</b></p>
<p>Interim Report - 14 February 2006 Final Report - 14 May 2006</p>
<p><b>9. ROLES AND RESPONSIBILITIES OF MEMBERS OF ACTION TEAM</b></p>
<p><i>Clinical Project Lead - Parul Desai</i></p> <ul style="list-style-type: none"> <li>• Draw up scoping document</li> <li>• Initiate and encourage engagement of stakeholder groups and professional bodies</li> <li>• Provide clinical credibility to the outputs</li> <li>• Lead and supervise the development of care pathway</li> <li>• Lead and supervise work on datasets and information flows</li> <li>• Supervise the writing of the various reports and documentation</li> <li>• Regular reporting and feedback to North East London SHA</li> </ul> <p><i>Project Manager - Giash Ahmed</i></p> <ul style="list-style-type: none"> <li>• Work with Clinical lead to develop project-specific terms of reference, a detailed project plan and milestones</li> <li>• Provide administrative support to the project</li> <li>• Ensure project milestones are met</li> <li>• Organise and support meetings</li> <li>• Regular informal and formal reporting to the DOS Project Manager</li> <li>• Communicating widely with all stakeholders – providing a point of reference and contact for them</li> <li>• Liase with programme manager and North East London SHA to report regularly on progress</li> <li>• Prepare interim and final reports in collaboration with the clinical lead</li> </ul>

*Clinical Research Fellow – Kash Qureshi*

- Collate the evidence base for management of glaucoma, models of service delivery and organisation and identify examples of best practice across the country
- Collate outputs from national initiatives on glaucoma care
- Develop care pathway, incorporating consensus of opinion, evidence base and examples of best practice.
- Author handbook.

*Information Advisor / Librarian - TBC*

*Technical Advisor - TBC*

## 10. ESTIMATED RESOURCE REQUIREMENTS

Project Manager - half time with on-costs	17,000
Research Fellow - third time with on-costs	10,000
Technical / Information/ secretarial support	5,000
Stakeholder and clinical consultation – Input, attendance at meetings & travel	30,000
Conference & meeting venues	4,000
Materials & Consumables	5,000
Contingency	4,000

## 11. SIGN OFF

### 11.1. Action team lead

Name: Parul Desai

Signature:

Position: Consultant in Ophthalmology & Public Health, Moorfields Eye Hospital, London.

Date:

### 11.2. DOS programme manager

Name:

Signature:

Position:

Date: